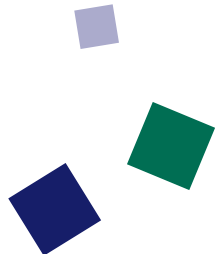


Arizona Department of Education
Tom Horne, Superintendent of Public Instruction



Autism Spectrum Disorder Year One 2006-2007

Sponsored by:
Arizona Department of Education
Exceptional Student Services

Arizona Department of Education
Exceptional Student Services
1535 West Jefferson Bin #24
Phoenix, AZ 85007
Index 65680

A special thanks to the core committee:

James Adams, ASU, Autism Society
Kacey Chandler, Tucson Unified School District
Kathryn Cummard, Gilbert Unified School District
Dan Davidson, Northern Arizona University
Sheri Dollin, SARRC
Brenda Harford, Sunnyside Unified School District
Svany Svavars Kristjansson, Autism Consultant
Birgit Lurie, Scottsdale Unified School District
Andrea O'Brien - Training Coordinator
Joyce Peterson, Safford Unified School District
Joanne C. Phillips, Arizona Department of Education
Gloria Ramirez, Tucson Unified School District



Outcomes for the project:

- To increase capacity for participants to:
- Increase effective teaching strategies for students with Autism Spectrum Disorders
 - Integrate assessment, instruction, intervention, and evaluation methods unique to each model to meet students' education needs
 - Effectively partner and communicate with parents and paraprofessionals in assessment, instruction, intervention, and evaluation
 - Enhance the ability of students to function effectively in inclusive settings
 - Increase effective intervention methods
 - Apply this knowledge in relevant educational placements
 - Train teams to conduct trainings in schools, districts, and/or regions
 - Increase effective evaluation methods and data analysis

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Administrative Services, 1535 W. Jefferson, Phoenix, AZ 85007, Phone: (602) 542-3186, Fax: (602) 542-3073

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Autism Spectrum Disorder Trainings

** The first day of all trainings is for all participants, grant teams, and other teams. The second day of trainings will be team activities. Therefore only grant teams and other school teams may attend.

Characteristics of Autism *September 8-9, 2006*

Wigwam Resort
300 Wigwam Blvd.
Litchfield, AZ 85340
623-935-3811

Evaluation *March 2-3, 2007*

Black Canyon Conference Center
9440 N. 25th Avenue
Phoenix, AZ 85021
602-944-0569

Instructional Strategies I *October 20-21, 2006*

Holiday Inn Mesa
1600 S. Country Club Drive
Mesa, AZ 85210
480-964-7000

Instructional Strategies II *April 27-28, 2007*

Black Canyon Conference Center
9440 N. 25th Avenue
Phoenix, AZ 85021
602-944-0569

Communication *November 17-18, 2006*

Holiday Inn Mesa
1600 S. Country Club Drive
Mesa, AZ 85210
480-964-7000

Autism Spectrum Disorder Institute SCERTS *June 18-20, 2007*

Black Canyon Conference Center
9440 N. 25th Avenue
Phoenix, AZ 85021
602-944-0569

Social Skills *January 19-20, 2007*

Black Canyon Conference Center
9440 N. 25th Avenue
Phoenix, AZ 85021
602-944-0569

Team registration continued:

What does your team hope to accomplish by participating in this training series?

Are you committed to all the training days that have been set forth?
_____ Yes _____No

Characteristics of Autism	September 8-9, 2006
Instructional Strategies	October 20-21, 2006
Communication	November 17-18, 2006
Social Skills	January 19-20, 2007
Evaluation	March 2-3, 2007
Instructional Strategies 2	April 27-28, 2007

Are you willing to be a part of the SUPPORT Cadre with ADE Exceptional Student Services to support other schools in their quest to learn this information?
_____ Yes _____No

Send payment by check or purchase order to: Arizona Department of Education/ESS
Attention: Miriam Podrazik
1535 W. Jefferson, Bin 24
Phoenix, AZ 85007

Team Application/Registration Form- Due Friday, September 1, 2006

Cost is \$1200.00 per person per team for the entire training series
(ASD Institute June 18-20, 2007 is not included)

Submitted By _____

Phone _____

E-mail _____

A team should consist of 3 to 8 members. The project core team members should include a special education teacher, speech pathologist, psychologist, and parent. It is expected that the core team members must be present at all team functions unless noted in the application. Other team members may include but are not limited to: administrator, counselor, general education teacher, occupational therapist, physical therapist, and paraprofessionals. Please list all of your team members' information below. If there are any special circumstances of any one of the members attending consistently please describe.

Team Members Names, Title, E-mail, Phone, and School/Agency

Name - (Team member acting as contact person)		Title
E-mail	Phone	School / Agency
Name		Title
E-mail	Phone	School / Agency
Name		Title
E-mail	Phone	School / Agency
Name		Title
E-mail	Phone	School / Agency

Billing Information

Bill To _____

Address _____

City, State, Zip _____

Conference Agenda

First Day - All Participants
8:00 a.m.-9:00 a.m.-Registration
9:00 a.m.-4:00 p.m.-Training

Second Day - Grant schools and other school teams
8:00 a.m.-3:00 p.m.

***The second day of the trainings will be team activities, therefore only grant teams and other school teams may attend.**

Participants will be given a certificate of attendance for each day for continuing education units.

For more information regarding the
content of the training, please contact:

Andrea Morrison O'Brien,
Autism Training Coordinator
andrea.m.obrien@cox.net
480-460-0393

For more information regarding registration
or billing, please contact:

Registration Desk
cregist@ade.az.gov
Phone: 602-542-2530

Registration Information

Registration Fee: Team - \$1200 per person per team.
Individual - \$100 for individual registration, per training (Friday only).
Registration deadline is 5 business days prior to each training date.

Teams are required to attend ALL trainings.
Individual participants may register for sessions, but may only attend the first day of each training session.

Training fees includes continental breakfast, coffee breaks, and lunch for each training. Registrations need to be accompanied by payment and sent by mail. If the payment is through a Purchase Order (PO) it can be faxed to 602-364-1115. Registrations received without a form of payment will not be accepted.

Payments: Personal check, agency check or purchase order accepted. Transfer of funds will not be accepted. Make checks payable to: Arizona Department of Education/ESS.

Send to: Arizona Department of Education/ESS
Attention: Miriam Podrazik
1535 W. Jefferson, Bin 24
Phoenix, AZ 85007

REFUNDS AND CANCELLATIONS: All cancellations and requests for refunds must be made in writing and received 72 hours prior to the training date. Persons who do not attend and fail to cancel within allocated time will be responsible for payment of the registration fee.

REGISTRANT SUBSTITUTIONS:
Please advise ADE if there are any attendee substitutions five business days prior to each training date.

Individual Registration

Due 5 business days prior to training

Cost for the first day of all 6 trainings: \$600.00
Or \$100.00 per one day training

Please select the trainings you wish to attend

Characteristics of Autism _____ September 8, 2006

Instructional Strategies _____ October 20, 2006

Communication _____ November 17, 2006

Social Skills _____ January 19, 2007

Evaluation _____ March 2, 2007

Instructional Strategies 2 _____ April 27, 2007

_____ Total Trainings X \$100.00 = _____ Total Due

Individual Name _____

School / Agency _____

Billing Address _____

City, State, Zip _____

Phone _____ E-mail _____